Vitamin A deficiency: policy implications of estimates of trends and mortality in children

We welcome the Article by Gretchen Stevens and colleagues (September, 2015), although wish to correct a, no doubt, inadvertent misrepresentation of our views. Stevens and colleagues cite our paper in support of their statement that "large scale or targeted supplementation or fortification strategies will probably have some beneficial effect on mortality in these regions [south Asia and sub-Saharan Africa]". We advocated a prudent phase-over away from vitamin A capsules to more physiological and locally appropriate methods. We did not advocate "large-scale or targeted supplementation".

In our paper, we suggested that no more than 2–3% of deaths in children younger than 5 years might be prevented by intermittent high-dose vitamin A. This is very similar to the estimate of 1.7% in the Article by Stevens and colleagues. There must be higher priorities than distributing enormous numbers of high-dose vitamin A capsules every 6 months (we estimate 8 billion to date!), which even if effective would have only a small effect on mortality in children younger than 5 years.

All now agree that vitamin A capsules given every 6 months have little or no effect on the prevalence of vitamin A deficiency, because their effect on serum retinol is small and transient. This information needs to be more widely disseminated, since many programme managers still believe that, even if the effect of vitamin A capsules on child mortality is in doubt, at least the capsules will help to reduce the extent of vitamin A deficiency; however, they will not.

The continuation of present policies—that is, vitamin A supplementation with yet more capsules—is far from cost free to the recipient local health system. The usual route for delivery of capsules is at child health days every 6 months, which build on supplementary immunisation activities, and are now less needed and less common. The opportunity costs of these days have been documented in terms of weakened routine health services (likely to include lost opportunities to save children’s lives). Moreover, the least developed health systems are the most weakened by child health days, for example in Cameroon and Ethiopia.

The justification for distribution of vitamin A capsules, and indeed for child health days themselves, especially without supplementary immunisation activities, is in increasing doubt.

We declare no competing interests.

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